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ORIGINAL ARTICLE

From gender dysphoria to gender euphoria: An assisted journey[☆]

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Summary The author is an open transperson, a medical doctor, a family therapist and a sexologist, who has worked personally and professionally with issues of gender identity for decades. Through media exposures insights have been shared with the public. The quality of being an open transperson has inspired clients to include information they otherwise would have believed contrary to their goals in therapy. Clients' frankness has influenced the insights of this paper. Gender therapy does not aim at changing the clients' perception of self, but at changing the clients' surroundings perception of the client. This is accomplished both through a strengthening of the individual's self-confidence, and through education of significant people in the individuals' networks. Gender therapy is seen as an assisted process where one moves from an unsatisfying to a more satisfying state of living. The optimal endpoint does not have to lie within the gender majorities. Since culture and society have a foul tendency to sanction negatively gendered expressions that do not conform to the binary, all therapeutic work focused only on the individual may be futile, because the individual will not be gender affirmed by the surroundings. The optimal therapeutic approach to individuals of unusual gendered or non-gendered talents must address and assist both the inner and the outer world in order for the individual to be able to present an egosyntonic perception of self to society, and for society to be able to affirm. When congruence exists between the individual's sense of gendered or non-gendered self, and the surroundings perception of it, the state of gender or non-gender belonging arises. The combined individual and cultural endeavor will reach different endpoints as both the client's and the networks needs and capacities are different. This paper offers some clues as to how positive gender belonging can be established.

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This author's background

The author (hereafter: I) is an open transperson, a family doctor, a sexologist, an associate professor of sexology and a family therapist. Through frequent appearances in the media, I have become well known transperson and professional.

In my work I have learned to make house calls addressing also the clients' networks. This adds trust and mutual understanding to the therapeutic relationship. Being a transperson has taken me to where transpeople act and interact freely. Individuals have described their experiences to me without fear of sanctions. Outside the therapy room I have experienced the gap between users and therapists. This gap leads clients to adjust their stories to conform to diagnostic criteria.

I have had to consider what is actually useful, what is unnecessary and what is contra productive in transtherapy. This has developed further in meetings with colleagues, through numerous professional seminars, activist gatherings and internet collaborations. Not least have I engaged in a close professional relationship with my wife and colleague, Elsa Almås, who is a specialist of psychology and clinical sexology.

The long lasting and at times massive media exposure has increased the level of trans-positivity (Raj, 2002). I am regularly stopped by people who want a hug or an autograph. If transpositivity can be viewed as a change to the better, this has been inspired through what I like to call "third order of therapy" (i.e. population "therapy" through therapeutic exposures in media. Second order is to work with audiences that seek information. First order is to work with those who seek therapy for experienced problems or challenges).

I do not meet my clients with an "objective" diagnostic manual, since I have experienced this "objectivity" unnecessary. Gender is a subjective matter to be met in a discourse of subjectivity. No clients need to convince me of their gendered feelings. They have freely shared their emotions with me. Many contacts with their many peers have widened my understandings.

The sum of influences are the grounds of my therapeutic work: An assisted journey from gender dysphoria to gender euphoria.

Basic premises

Assisting clients with atypical gender perceptions and/or performances, rest on two principles:

- that of supporting a search for positive gender belonging;
- that of offering optimal options of gender expression.

"Belonging is to be perceived by others the same way as one perceives oneself. Gender belonging is positive when the gender perceived is given a positive value, both by the individuals and by the others".

The therapeutic process is one of both individual and cultural focus. The individual challenge is to evolve a positive gendered or non-gendered perception of self. The challenge for the surroundings is to acknowledge this

perception. The non-gendered option derives from some individuals' refusal to accept any gender.

Individual concepts of gender cannot be separated from cultural ones, since cultures are the suppliers of gender knowledge. These supplements influence everybody's perception of self. Cultures represent gendered or non-gendered "supermarkets", where one can negotiate gender and gender belonging through performances and expressions. At the same time, individual supplements of gendered expressions to society, influence society's insights. There is interdependency between the individual and society.

One unique contribution would be the emergence of a new sense of gender in one individual, who in turn expressed that gendered experience. Interacting with that individual, the surroundings would have to develop words and concepts to describe, and eventually formalize the "new gender". Feelings of gender may emerge unexpectedly. Even though cultural influences dictate in one direction, feelings go elsewhere. The individual may have to fight both for inner clarity and for outer affirmations. Cultural options given are not always sufficient.

This calls for gender knowledgeable/expert? therapists.

Basic understandings

The neurobiological basis (GIREs, 2006) for gendered behavior will in this article be named: "Gendered talents". The traditional genders will be named "gender majorities".

For decades professionals have debated how to perceive people of unusual gender. The question of psychiatry/not psychiatry has been central. Originally I sought psychiatric texts for insights, but received but support from therapists who had gained their wisdom outside the psychiatric systems. I found that psychiatry had contributed little of use, much unnecessary, and a lot to be considered contra productive in transtherapy.

Many people with transgendered talents have experienced childhood and adolescence as traumatic. The trauma of retention (Almås and Benestad, 2009) refers to the process of learning to disguise talents due to fear of negative sanctions. Retention promotes fear and alienation.

From the very start of the voyage of transe-assistance, I have experienced transpeople to own a hard-wired human quality of transe. My clinical experience has expanded my insights as to how transgender talents combined with other talents, can influence individuals into a plethora of diversity in perception, performance and expression. I have come to see people of unusual gender to be a non-uniform group. This variance is not reflected in manuals of mental disturbances.

The gender majorities represent a bipolarity that exhibits tension between the "poles". When genders are not polarized, contact between the majorities is maintained, and in between multitudes of gender and non-gender expressions can exist.

Biologically oriented gender studies have revealed complex cascades of genetic and hormonal events in the sexual differentiation process. In addition, improved understanding of epigenetic mechanisms add new options for the understanding of gender variant behavioral developments (Meyer-Bahlburg, 2009). This research may come to confirm

the clinical plethora of gendered talents, a plethora that is not visible within the binary paradigm.

The imminent change is the breaching of the paradigm of gender binary into one of gender multiplicity (Benestad, 2009). This does not exclude the known genders, but it adds some useful extras.

It seems outdated to meet clients with a gender binary understanding. At the same time it is insensitive not to realize that this is exactly the thinking the clients themselves very often bring to therapy.

Gender and non-gender therapeutic assistance needs both human and therapeutic capacities. One has to be comfortable in the plethora of genders, comfortable with the complexities and limitations of cultural conceptions, comfortable in building different ambitions with different clients, comfortable in applying existing diagnoses and/or gender descriptions and comfortable with a balance between pushing the client further in gender understanding, and comfortable in holding back if things threaten to come out of hand. More generally put: Be empathic in a way that enables the therapist to take the clients' perspective, without losing the therapist's own.

Historical glimpses

The atypically gendered have moved from being phenomena with detailed description of their lives and actions (Hirschfeld, 1991), through pathologization and psychiatrization (GIRE, 2006), to steadily higher degree of self-esteem and willingness to adopt new expressions of gender or non-gender. People with intersex qualities have organised themselves, claiming a healthy place in human societies, as described on the website www.intersexualite.org. Intersex is seen as human variance in its own right, without need of surgical corrections.

Body adjustment is a major part of the treatment of people who identify as transe. Nevertheless these clients have to a large extent been left to psychiatrists, who traditionally focus on mental illness. Psychiatry has invented descriptions like "gender identity disorder or gender identity disturbance". This is transnegative and renders a poor basis to interact in society as healthy individuals. In turn this may lead to psychiatric problems.

Psychiatrists justify their position by arguing that unusual gender expressions can be due to psychotic delusions. Such delusions are rare, and the narratives of delusions are easily discerned from the narratives of gender atypical individuals. The fact that such delusions do exist, have no bearing in justifying psychiatric dominance.

Psychiatric "science" supplies knowledge to cultures. There is a widespread notion that something must be wrong in the heads of the differently gendered. Many individuals still find this a source of shame. Part of this author's endeavor is to "depsychiatrize" unusual genders. This is best accomplished outside the psychiatric wards.

Shame, business and belonging

Religious leaders have handed out sin and offered remissions. Therapists have handed out mental disorders and

offered cures. The cures may not work as intended, but those who are troubled by shame, tend to take the blame for the therapeutic failures (Almås and Benestad, 2006). This business is therapeutically contra productive, as unusually gendered are offered negative belonging from now till eternity. That provokes hurt and shame. Sin and sickness promote dysphoria. Positive gender fulfillment is euphoric.

Open and healthy transpeople battle prejudice, so does seeing unusual genders not as psychiatric diseases, but as non-pathological neurobiological conditions that may require diagnostic labeling, as does for instance pregnancy. When freed from sin and sickness, the individual's path towards positive gender belonging is paved.

Therapeutic elements

The overall goal is that of positive gender belonging to one or more genders, be they traditional or untraditional. My therapeutic approaches to find ends and means to positive gender belonging when working with the inner world are:

What is the client asking for?

Atypical gender and non-gender are rarely offered optimal premises for belonging. Many clients have a notion of being one of the "opposite sex", trapped in the "wrong body". They want their body changed to conform with their idea of self, and with cultural demands for an expression within the binary. The binary demands that "if I am not a woman, I have to be a man, a man born in a wrong body".

A transgendered friend said: "I never say that I was born in a wrong body, because if I had been born in another body, I would not have been me".

I assist clients in reaching a basic feeling that they are themselves, have always been themselves and that they themselves need to adjust their bodies in order to live good lives. Somatic options outside the binary paradigm may evolve in the therapeutic process.

I find it useful at an early stage to tell my clients that I will do all within my power to supply them with that which they in the course of our contact, come to find necessary.

Many therapists become gatekeepers. This position disturbs the therapeutic process. In Norway one single clinic has the right to decide who are to be treated as transsexual. This leaves no chance of traditional gate keeping to me. I nevertheless demand one veto: That of postponement until both the client and I feel certain that they are moving in a direction of a better life.

As far as the clients' choice of gender is concerned, I believe that to be self determined. The strongest sense of gender rests in the mind of each individual, therefore none other than the client can be in position to know best.

Assist the clients in qualifying their gendered or non-gendered talents

Many transsexuals and many other transgendered individuals have experienced traumas of retention. They have suffered

hours of longing and praying for a suitable body. Some have been beaten, ridiculed, and all too often they have been traumatized by health care workers. Psychiatrists and psychologist have instituted "cures" and "examinations" that have reinforced their feelings of being mentally disturbed.

As a consequence, transe talents hold little value to them. They know that they cannot have their mind changed, but through changing the body, the transe "thing" might disappear. This is certainly not transpositive, but it does work for some. Nevertheless it may well lead into the "prison of passing", as it becomes overwhelmingly important for many to be convincing in their new expression.

It is a therapeutic goal, together with the client, to look into a future of passing or not passing, and ask: Is that really the question?

For some the passing part is a blessed side-effect of the "transitioning process", but not all are that "lucky". Many do not pass as the gender of choice, even though many fellow transpeople and some therapist believe that they have to.

Within the clients' capacities, the task is to help them see that their bodies are in for changes that leave intact a lot of talents and capacities typical for the bodies they were born with.

These are tidings of joy! Differently gendered or non-gendered individuals have lived lives to make them wiser, to make them see things that are invisible to the majorities. In this ambience we may fruitfully explore the value of transe-talents and other gendered or non-gendered talents in the past, present and future.

Some cannot take this perspective, which must be accepted and respected. The process is not that of imposing the most diverse understandings of gender upon the clients, but to offer options they may find suitable.

Sometimes clients have been so heavily tangled up by shame, cultural demands, strategies of avoidance and religious beliefs that the process of untangling can go on for a long time.

Esthetics

Multi gender positivity calls for multi gender-esthetics. Is it possible to acknowledge the beauty of a broad shouldered, deep voiced individual who comes out of her car after a perfect parallel parking? Can we see and affirm an individual with the neatest hands and body, offering penetration sex to his partner by the aid of an artificial penis nested in his vagina? Can we enjoy the pear shape and flat crotch of a male hip-hop dancer, or a tall woman in her high heels dancing with a far shorter man? Can we see the beauty of an individual who declines gender, adjusts the body thereafter and refuses any pronoun?

It is understandable in a gender binary world where passing is the ultimate goal, that all that is gender nonconforming is considered ugly and unwanted.

Herein lies one of the torments of the binary: When individuals with the bodies of one gender majority shall satisfy the esthetical demands of the other gender majority, it becomes for many a "mission impossible" with failure as a certain outcome. More options just have to be offered.

Offer knowledge and insights to the seven optional gender belongings

I have met individuals who identify themselves within every one of the seven options of gender: (Benestad, 2009):

- female genders;
- male genders;
- intersex genders
- transe genders;
- non-genders or gender decliners;
- personal/floating/queer genders;
- eunuch genders (The Eunuch Archive, 2010).

Individuals may certainly exist in their self-perception, but society's capacity to affirm them is poor or non-existent. Some cling to the binary, others fight and win grounds and belonging on the outside.

The primary people to affirm one's gender expression are family, partners, friends, co-workers, health workers, teachers and employers. Some seek no gender affirmation, as they see no point of gender.

Genders are performed and perceived differently in different societies. The hirjas in India who may be transe-and/or intersex talented, have their own societies. In Nepal, it is optional to identify formally as third gender, and in some societies one have rituals of initiation for individuals who grow penis and scrotum in puberty (Herdt, 1992). Transsexual individuals are in the process of developing trans-sexuality (Bockting et al., 2009).

Assist clients in discovering and exploring other significant personal traits

The binary is demanding for everybody. There are roles and abilities reserved for women and others for men. Not all commonly gendered people satisfy all these demands. For the differently gendered it is even harder to cope with them.

When individuals move from one gender expression to another, personal traits, interests and talents that are culturally attached to one gender, may become threatening and left, in order to find safe gender confirmation.

Issues of who you are, what you are and what you like, are important to explore with individuals who are off to cross gender boundaries. The exploration must be performed in an atmosphere of multigender positivity and corresponding esthetics.

It is a challenge to assist clients to embrace their personal mosaic of traits and abilities. Years after her transition, one client expressed: "Should there ever be a real tomboy around here, it must be me!"

Promote gender pride

Pride battles shame. Proud people, it seems, are less vulnerable to rejection. At the same time, as positive models, they influence more potently the people around them. There has been a tendency in some groups to disqualify the transe concept. Transe may not be the best word, since it indi-

cates a binary, it is nevertheless the word that is used by many people of difference.

Transepride makes it unnecessary to hide or redefine ones history, even when part of the solution is that of complete SRS. In line with the qualification of trans-esthetics, arguments for transpride can be useful in assisting clients in building safe grounds for themselves in society. On client says: "Transe is a hundred percent option, the others are only approximations!"

Inter-esthetics and interpride are beautifully promoted by the Organization Intersex International (OII) on their website www.intersexualite.org.

Assist the clients' exploration of shame

Shame is the plague of those who cannot perform according to gender norms. Battling shame is achieved not only through pride, but also by first transforming shame to guilt and then addressing this guilt to wherever it may derive from. In the Christian Bible an androgynous God created "man" in his(?) image as man and woman. Western societies have clung to this binary. In support of the binary, gendered tasks are hardly taken out of the blue. Thousands of years on the globe have developed some tendency for physical and psychological talents in women and others in men, even though most talents are shared by all (Brizendine, 2006).

In Western societies the little Bess who never wants to wear a dress is not as heavily sanctioned as the little Ron who loves to put the dresses on. Both nevertheless break the rules of the binary. This does not go unpunished. Many years of fears and retention have left heavy loads of shame. The guilt rests within societies that offer the limited number of two gendered options. Societies that limit gender understanding to the binary and that name the atypical sinful or sick, is guilty in inducing shame in the individual. Guilt may be addressed to schools, friends and family who were not sufficiently awake to offer youngsters appropriate gender belonging.

Inspire the clients to perform and practice gender in accordance with their wishes

Clients enter the consultation room with an expressed need for body change. They experience a man/woman trapped in an unfit body, and they wish this to be corrected. Many tell me that no one but themselves know the status of their gendered self. I will ask them if they have a suitable name for the person they experience themselves to be. Many have not. Then I inspire them to go out in the world and rehearse gender according to their wishes. Even though I realize that for quite many there is no such thing as a "real life test" as woman or man. The bodily shortcomings and the lack of practice make it more into an "unreal life test". Nevertheless, at some point most transpeople will have to face other people's reactions. An individual that has earned competence in performing the desired gender has better options for a good life. The unreal life test can be supported with hormonal treatment and loving mirroring to make it somewhat more real. I do advice my clients one year of desired gender rehearsal in accordance with the standards of care of the World Professional Association for Transgender Health.

Many have performed all these tasks long before entering my office. There is no reason to require all done a second time.

Give updated information about optional medical and surgical treatment

Much material underscores the troubles, dangers and hardships that may be caused by genital surgery. At the same time Internet is rich on stories of success. Not all clients are ready to believe in the most optimistic and maybe even misleading stories to be found. Others are ready for the total works, and they prefer it to be performed yesterday. As a transe-therapist I need to be as updated as possible, especially when it comes to troubles, dangers and hardships. Even when not asked for, no client must leave a transe-therapists office believing that the surgery is uncomplicated, and that the bodily functions and not least the erotic functions are maintained or improved (De Cuypere et al., 2005).

Assist the clients to accept the basic build of their bodies

Transsexuals born with a female body that have undergone breast removal, may in the future come to forget that they have breast tissue in the upper regions of the original breasts that may transform malignantly. They may also fail to inform their doctors about their special body mix.

Those who have undergone bodily adjustments towards a female body, may forget that they still have a prostate gland, and that their neovagina is not quite like the vaginas of other women. Many try to suppress traits that they link to the other gender majority, forgetting that their bodies have been through substantial "marinations" in estrogens and testosterone that have left traces that cannot be erased (Brizendine, 2006). These self-deceptions may or may not entail serious consequences.

Assist the clients' sense of the organs of erotic pleasure

Erotic pleasure for many transepeople is not practiced through the primary sex organs. The all in all impression is that sex for many is of minor importance, both before and after SRS. This is understandable when one regards oneself as being born in the wrong body. What bodily pleasure might be derived thereof? I find it useful to inform that erotic pleasure from sex organ stimulation is to some extent the product of practice, and that "practiced and capable nerve endings" will remain also after SRS. The "wrong body" notion is alienating. Erotic pleasure is body affirming, and after adjustments, the body will to a large extent remain the same. To develop body affirmation, we sometimes degenderize penis, clitoris, labia, scrotum or breasts. It is not my clinical experience that erotic pleasures through unaltered sex organs do alter the sense of gender identity, but it does make some clients feel more confident in their future decisions. One client expressed that she "was doing all right with a penis, but felt better off with a pussy".

The main issue in degenderizing sex organs is to realize that pleasure needs no gender.

Working with the outer world

Free parents from guilt

Therapists have taught parents that the fate of their child's gender perception is dependent on their quality of parenthood. Mothers of transchildren have heard that they have been too close, too protective, too much wanting a child of the other gender majority, the fathers too distant and so on. Filled with guilt, parents find confirmation to the fact that the fault is theirs by remembering threatening episodes and possible escapades during pregnancies. There are no grounds to prove this. Therefore it must be wrong even to allude such guilt inducing mechanism. I meet parents with a straight: "You have done nothing wrong to make your child feel this way. This is just one of nature's many variations!"

One mother points this out to be one of the most relieving comments of her life.

Parents freed from guilt can focus on the children's needs, rather than their own conscience. Parent and family support is one of the essentials of positive gender belonging.

Address challenges facing present and future partners

Transe-clients may present partners on a continuum from total rejection to rejoice.

Partners may feel shocked, betrayed, hateful or delighted. To assist the partner is inevitable in working with gender variant individuals, but it is not for this paper to describe all aspects of that challenge.

One intervention worth mentioning though is to ask how long time the gender variant individual spent in order to find self-acceptance, and then ask how much time they find it reasonable to offer their partners and peers.

Work with significant and extended networks

Human culture is a product of human nature and can at best offer all human beings optimal conditions of living. Living has been far from optimal for the atypically gendered. This calls for cultural change. Generally people in my clients' networks wish to serve my clients' needs, but they miss the tools to do so.

The greatest pain in the life of most unusually gendered individuals arises from interactions with others. It is the known or unknown other, who hold the key to a good quality of life. The great and at times killing resistance to atypically gendered living comes from the outside, and may be internalized by the individual.

Transpeople have been labeled as suffering from gender disorder or disturbance, but no one ever proved this disturbance to be other than inborn talents. Intersex people have been labeled by medical diagnoses. Their bodily talents are most often compatible with good quality of life. Differently gendered talents do, however, disturb. Therefore it is vital to treat the disturbed and the potentially disturbed. That is:

All those who are or might get in contact with the atypically gendered or non-gendered.

There is no positive belonging without affirming relations, there is no atypical gender or non-gender belonging without negotiations.

Like ripples in water I work with the networks especially of trans-kids and transe-adolescents (Benestad, 2009). The first ripple starts with the closest family and the most significant others, extending the next ripple to school or kindergarten officials, then extending to teachers, parents and, sometimes fellow students. At times I have addressed whole communities. I offer a performance lecture named "gender euphoria", presenting the gender options, the concept of belonging and ways of confirming gender. The effect has been overwhelmingly positive.

Organize groups and networks based on people of atypical gender/non-gender

Much has improved, but many people of gender are still shy and ashamed. Some gender oriented organizations have become fundamentalistic in their practice of taking in new members. This it seems, to protect themselves from individuals who perform their talents in slightly different ways from themselves. At the same time an increasing number of differently gendered or non-gendered individuals find new ways to see and express themselves. This calls for "confession-free" groups of gender-interested people. I see it as a transe/gender therapeutic mission to assist the formation of such groups and to partake in their handlings.

Give talks and lectures

It is crucial to inform and upgrade the more than average interested public on gender. By close contact with a differently gendered individuals, people do not only increase their understanding, they also experience mastering. Many say: "My skepticism against you disappeared after about five minutes". The impact of these experiences cannot be underestimated in the process of creating a multiple gender positive society.

Quite often I do performance lectures together with my wife who is also a specialist in clinical sexology and a trans-therapist. It seems that she can act as a link between the usual and the unusual, and that this enhances the therapeutic effect.

Appear in the media

As pointed out, I have had the privilege of performing third order of therapy through many media. I encourage all gender therapists to do the same to the extent that options arise.

Conclusions

My journey as a therapist has taken me to where I define therapy as an assisted process where one moves from an unsatisfying state to a more satisfying one. Through both private and professional encounters with individuals of different genders and their networks, I have realized that the

optimal approach to unusual gendered or non-gendered talented individuals must be multi-faceted. This knowledge has been deepened in meetings and talks with gender knowledgeable therapists. Gender and non-gender positivity has become the guide of my therapeutic work.

Contrary to descriptions of atypically gendered behavior and/or atypical gendered bodies as being mentally or somatically disturbed, I see these phenomena as mind/body talents.

Both the inner and the outer world must be assisted in order for the individual to be affirmed as gender in society. When congruence exists between the individual's sense of gendered- or non-gendered self, and the surroundings perception of it, the state of gender or non-gender belonging arises.

This process needs assistance on many levels, both concerning the particular individual and that individual's different networks. Since societies have a foul tendency to sanction negatively gendered expressions that do not conform to the binary, all therapeutic work focused only on the individual may be futile, because the individual will not be gender affirmed by the surroundings, and no positive gender belonging can arise.

The therapeutic process then must be both an individually therapeutic and a cultural endeavor.

Conflict of interest

None.

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